

PROGRAM/CAMP NAME: _____	DATE: _____
Address: _____	Phone: _____
NAME OF PERSON INVOLVED: _____	
DOB: _____	GENDER: _____ <input type="checkbox"/> Participant <input type="checkbox"/> Staff <input type="checkbox"/> Visitor
Address: _____	Phone: _____
NAME OF PARENT/GUARDIAN (if minor) _____	
Address: _____	Phone: _____

DATE/TIME OF ACCIDENT/INCIDENT: _____

TYPE OF INCIDENT: Behavioral Accidental Epidemic illness Other (describe)

LOCATION OF ACCIDENT/INCIDENT: _____

LOCATION OF WITNESSES: _____

DESCRIBE THE SEQUENCE OF ACTIVITY IN DETAIL INCLUDING WHAT THE (INJURED) PERSON WAS DOING AT THE TIME.
(Use additional page to include diagrams and/or more information)

DID THIS INCIDENT CAUSE PERSONAL INJURY? No Yes (if yes, state nature of injury)

WHAT COULD THE INJURED PARTY HAVE DONE TO PREVENT INJURY (if anything): _____

EMERGENCY PROCEDURES PERFORMED AT TIME OF INCIDENT/ACCIDENT: BY WHOM: _____

NAME AND PHONE NUMBERS OF WITNESSES (you may wish to attach signed statements):

1. _____
2. _____
3. _____

PROCESS FOR HANDLING ACCIDENT/INCIDENT SITUATIONS

Responsibilities of Office of Youth Programs on Campus staff:

- A. For an incident/accident involving significant bodily harm, property damage, or potential legal issue:
1. If on campus, call 911 from University phone or (812) 237-5555 from cell phone to notify ISU Public Safety.
 2. If off campus, call 911 to notify emergency services.
 3. Notify Cynthia Phillips-Sabla, Director, immediately @ (812) 241-5154; if there is no answer, text to same number.
 4. Complete Accident/Incident Report Form (see other side).
 5. Calm and reassure others.
 - Focus on safety first.
 - Denounce hateful acts and address fears.
 - Support the victims.
 - Conduct an investigation and get the facts.

TO BE COMPLETED BY A YOUTH PROGRAMS ON CAMPUS PROFESSIONAL STAFF MEMBER:

Which campus and community constituencies did you contact:

- | | | |
|---|--|---|
| <input type="checkbox"/> Campus Police | <input type="checkbox"/> Administration | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Media Relations | <input type="checkbox"/> Student Judicial Programs | <input type="checkbox"/> Academic Dean |
| <input type="checkbox"/> Dean of Students | <input type="checkbox"/> Dept Chairperson | <input type="checkbox"/> Community Agency |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Other: _____ | |

COMMENTS:

HOW WAS THE INCIDENT/ACCIDENT RESOLVED?

NAME OF PERSON COMPLETING FORM: _____

(Please print)

PHONE NUMBER: _____ DATE: _____

SIGNATURE: _____

Department: _____

Rev: Jan 2024